Case Number:	CM13-0064883		
Date Assigned:	01/03/2014	**Date of Injury:**	07/06/1995
Decision Date:	05/12/2014	**UR Denial Date:**	11/19/2013
Priority:	Standard	**Application Received:**	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas nad Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 68-year-old female who reported an injury on 07/06/1995 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine, low back, right wrist, and right shoulder. The injured worker's treatment history included surgical intervention, cognitive behavioral therapy and multiple medications. The injured worker was evaluated on 10/22/2013. The injured worker's medication schedule included Flexeril 10 mg, Vicodin ES, Dulcolax 100 mg, Lunesta 3 mg and Lidoderm patches. Physical findings of the injured worker included tenderness to palpation of the lower lumbar paravertebral musculature with restricted range of motion and decreased sensation to pinprick, thumb index and middle fingers with a decreased grip strength described as 5-/5. The injured worker's diagnoses included lumbar myofascial pain, fibromyalgia syndrome, status post right carpal tunnel release times 2 with residuals, right shoulder impingement syndrome, and rotator cuff tendinopathy. The injured worker's treatment plan included refill of medications and home healthcare assistance.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

FLEXERIL 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Section Page(s): 63.

Decision rationale: The requested Flexeril 10 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. California Medical Treatment Utilization Schedule states that muscle relaxants should be limited to duration of treatment of 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 08/2013. This exceeds the recommended treatment duration. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 10MG #30 is not medically necessary or appropriate.

VICODIN ES #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

Decision rationale: The requested Vicodin ES is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of pain relief, functional benefit, managed side effects, or evidence that the patient is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not provide a frequency or dosage. Therefore, the appropriateness of the request as it submitted cannot be determined. As such, the requested Vicodin ES #60 is not medically necessary or appropriate.

DULCOLAX 100MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 77.

Decision rationale: The requested 60 Dulcolax 100 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend prophylaxis of constipation when initiating opioid therapy. California Medical Treatment Utilization Schedule does recommend prophylaxis of constipation when initiating opioid therapy. However, continued

use should be supported by evidence that the patient has side effects that require management. The clinical documentation does not provide an adequate assessment of the patient's gastrointestinal system. There is no documentation of complaints of constipation or physical symptomatology that would support constipation. Therefore, continued use of this medication is not supported. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Dulcolax 100 MG #60 is not medically necessary or appropriate.

30 LUNESTA 3MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment Section.

Decision rationale: The requested Lunesta 3 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this medication. The Official Disability Guidelines (ODG) recommends Lunesta as a short term treatment option in the treatment of insomnia related to chronic pain. The clinical documentation indicates that the patient has been on this medication since 08/2013. The efficacy of this medication is not established within the documentation as there is not an adequate assessment of the patient's sleep hygiene to support continued use. Additionally, as the injured worker has been on this medication for an extended duration, continued use would not be supported. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Lunesta 3 mg #30 is not medically necessary or appropriate.

1 BOX OF LIDODERM PATCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 111.

Decision rationale: The requested 1 box of Lidoderm patches is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends Lidoderm patches for neuropathic pain that has failed to respond to a trial of oral anticonvulsants. California Medical Treatment Utilization Schedule recommends that ongoing use of medications in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of pain relief or functional benefit relating to the usage of this medication. Additionally, the request as it submitted does not provide a dosage or frequency of treatment. Therefore, the

appropriateness of the request itself cannot be determined. As such, the requested 1 box of Lidoderm patches is not medically necessary or appropriate.